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HSE-57 *Glossier Roschi*
Z 411 900 382



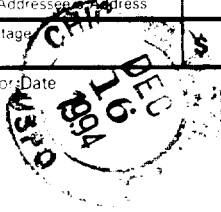
**Receipt for
Certified Mail**

No Insurance Coverage Provided
For International Mail

Sauget & Company
c/o Paul Sauget
2897 Falling Springs Road
Sauget, IL 62206

PS Form 380C

Postage	\$ 98
Certified Fee	160
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	160
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 298
Postmark or Date	



Sauget & Co not 1/104

SAUGET & CO

Sauget Co not 1104

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Sauget & Company
c/o Paul Sauget
2897 Falling Springs Road
Sauget, IL 62206

4a. Article Number
2411 900 3825

4b. Service Type

☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

7. Date of Delivery
12-19-94

5. Signature (Addressee)

6. Signature (Agent)
Betty Wilson

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3871, December 1991 ★ U.S.G.P.O.: 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.